PTO/SB/22 (09-06)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			CRUI/0012	
Application Number 10/809,042			Filed March 25, 2004	
For TUBING EXPANSION				
Art Unit 3725			Examiner Debra M	1. Wolfe
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		Fee	Small Entity Fee	
\boxtimes	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120.00</u>
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to				
Deposit Account Number <u>20-0782/CRUI/0012/JCH</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the	applicant/inventor.			
	assignee of record of the entire interest. See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
attorney or agent of record. Registration Number				
☑ attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34. 46,222 .				
() 8 20d 7				
Signature				
Jason C. Huang 713-623-4844				
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if				

more than one signature is required, see below.

☐ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or relain a benefit by the public which is to file (and by the USPTIO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This to file (and to the West Processes) and application from the collection is estimated to take 6 minutes to complete, including galatering, preserging, and submitting the completed application from to the USPTIO. Time vill vary depending upon the individual case. Any comments on the amount of time you require to complete this form amount of the you require to complete this form amount of the you require to complete this form amount of the your require to complete this form amount of Commence, P.O. Box 1450, Alexandria, VA 2231-1450. DO NO TSPMD FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2231-1450.